



Office of Behavioral Health

May 2014



Colorado Department of Human Services

people who help people



Colorado Department of Human Services

Mission

Collaborating with our partners, our mission is to design and deliver high quality human and health services that improve the safety, independence and well-being of the people of Colorado

Vision

The people of Colorado are safe, healthy and are prepared to achieve their greatest aspirations.

Values

The Colorado Department of Human Services will:

- Make decisions with and act in the best interests of the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment, and support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.

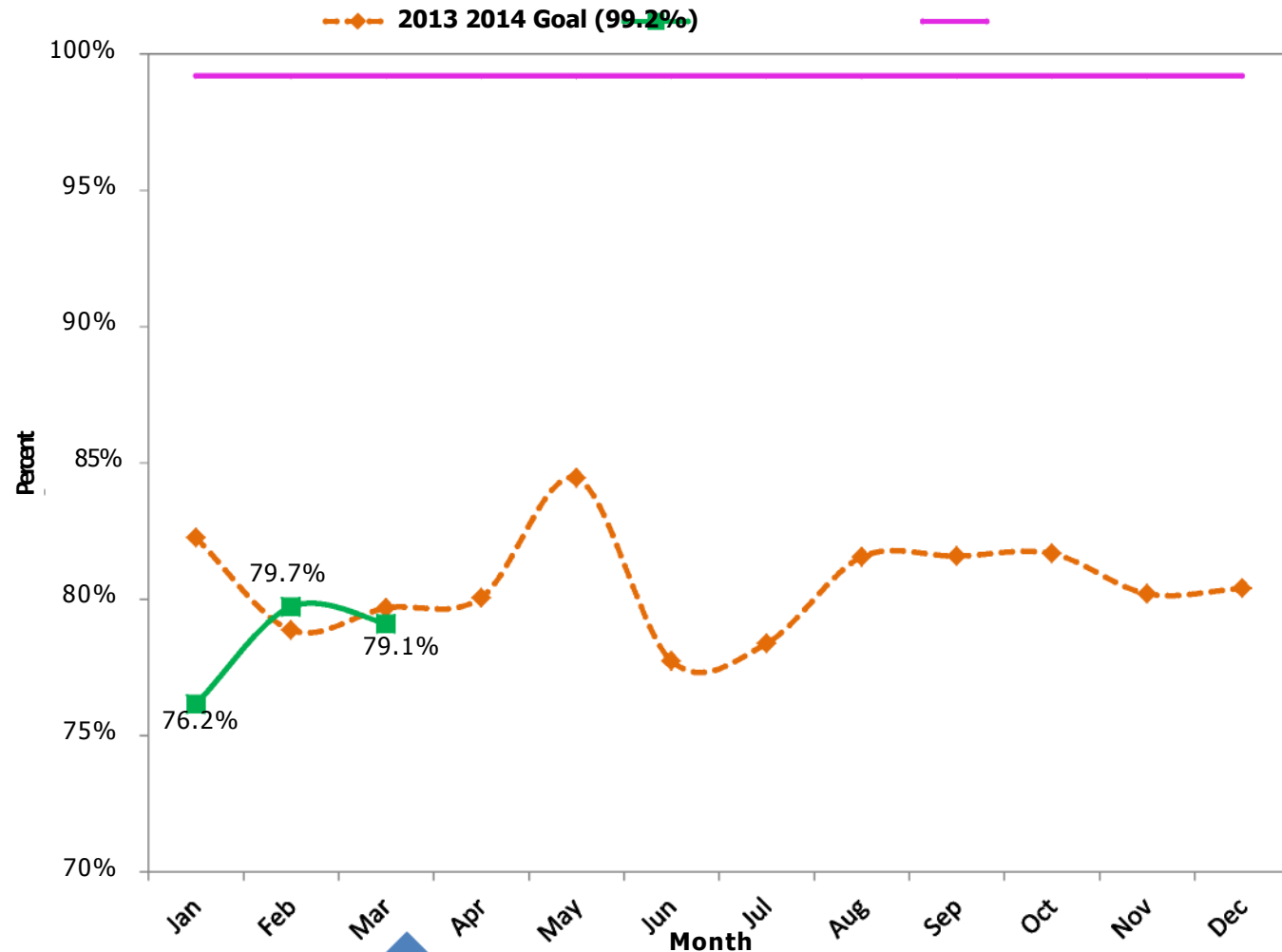


Percentage of Clients who Gained SUD Access within 3 Days - Statewide

Description of Trend: The March rate declined by 0.6%.

Numerator: # of persons admitted into outpatient SUD treatment within 3 days from the date of first contact;
March numerator: 631

Denominator: # of persons admitted to outpatient SUD treatment;
March denominator: 798



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3 May 2014

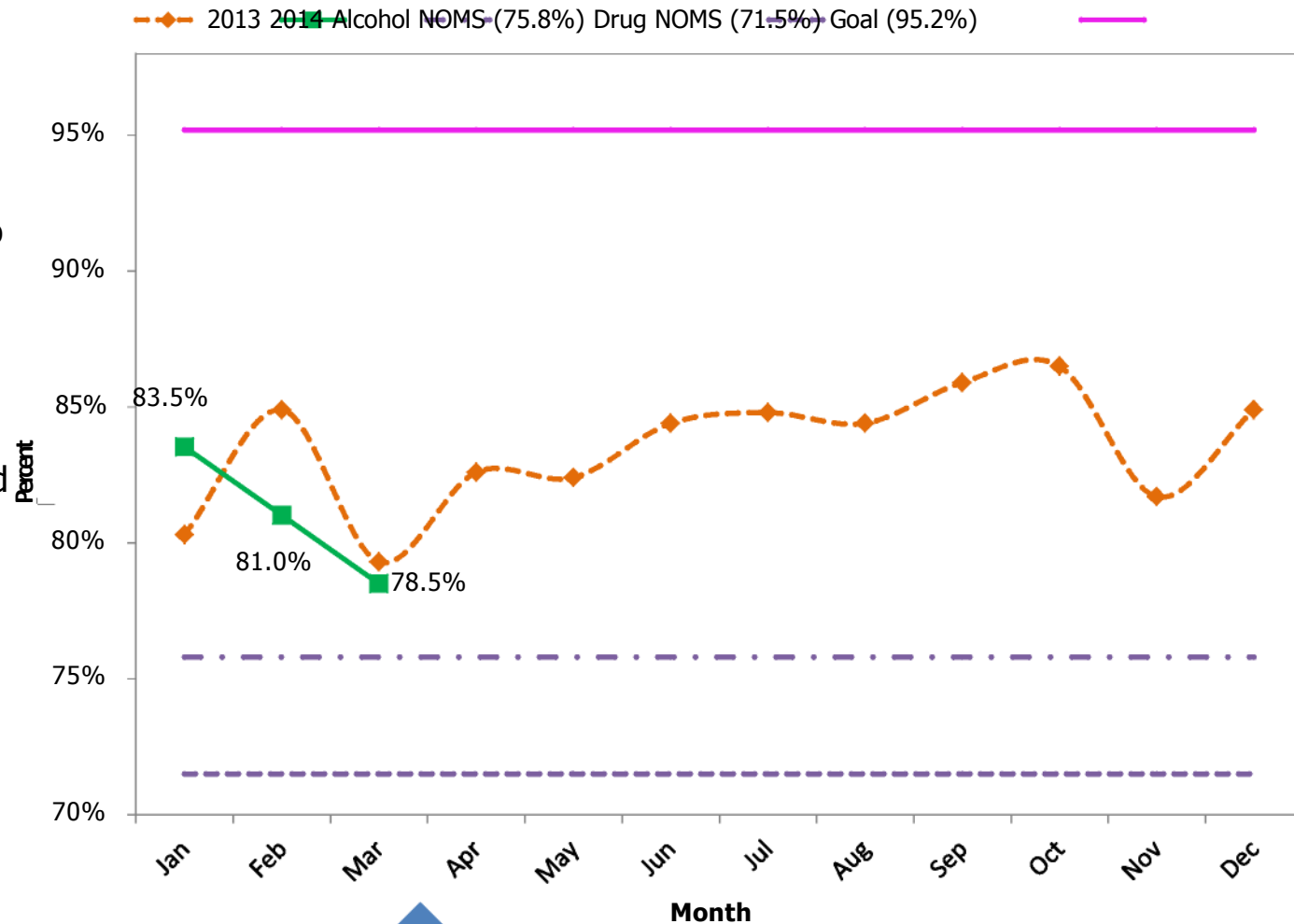


Reduction of Substance Use - Statewide

Description of Trend: Rates declined for the third consecutive month to 78.5%

Numerator: # of persons who reduced their use of substances at discharge;
March numerator: 186

Denominator: # of discharged persons receiving substance use disorder treatment who were using substances at admission;
March denominator: 237



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Percentage of MH Clients Engaged in

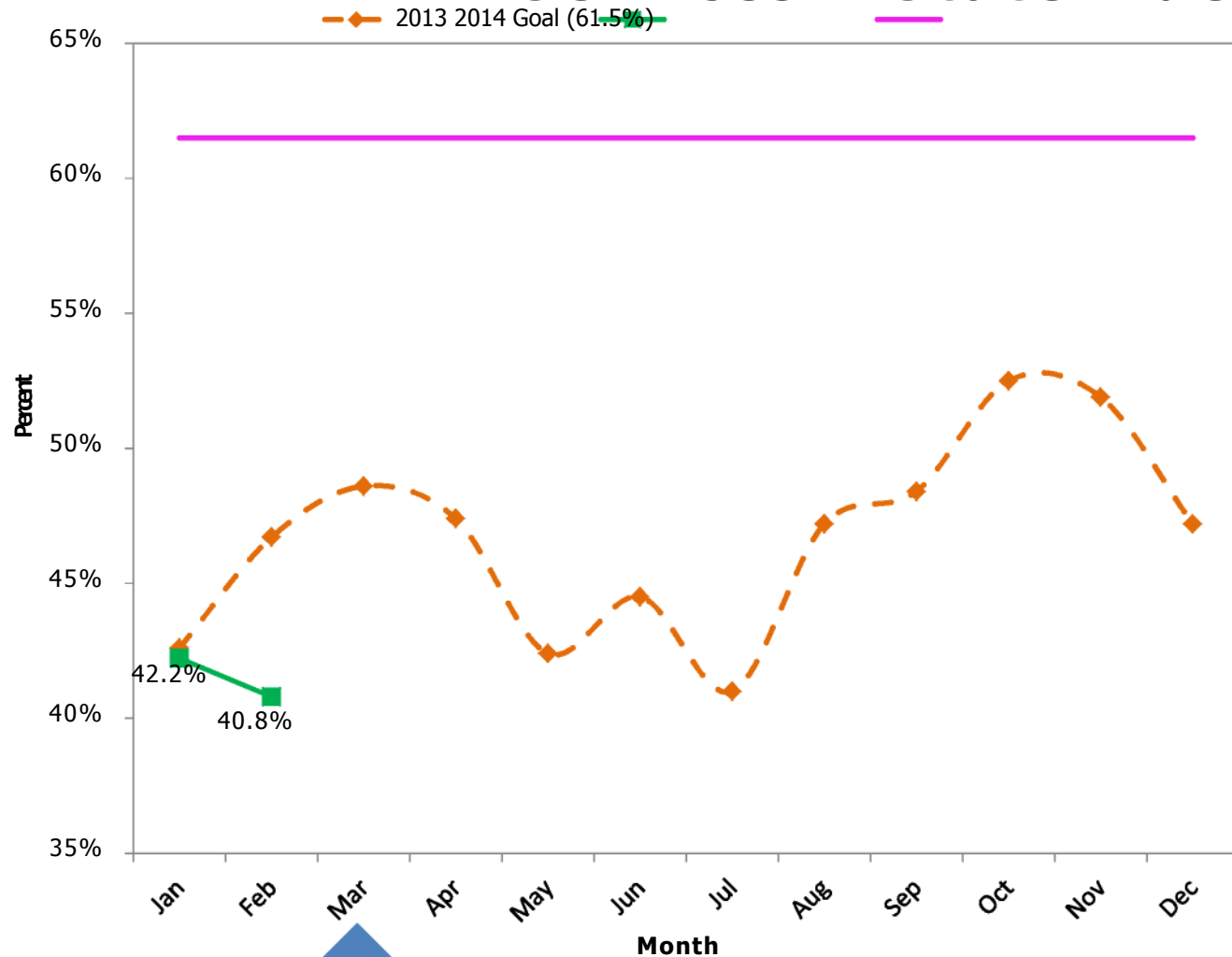
Services – Statewide

Description of Trend:
Engagement rates have declined for the fourth consecutive month.

Numerator: Percent of clients engaged within 45 days of admit (4 or more days with an eligible service);

February numerator: 306

Denominator: All admissions;
February denominator: 750



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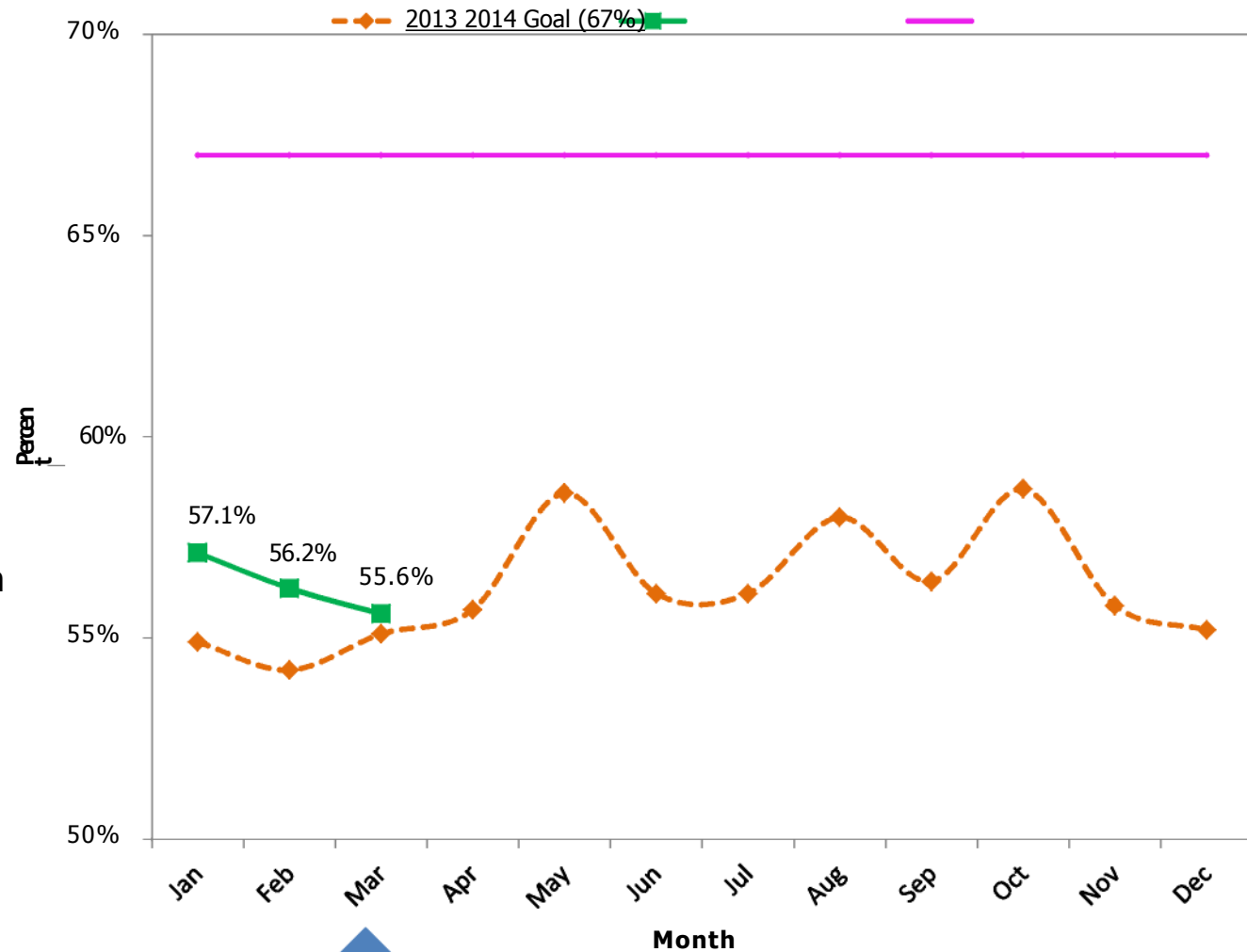


Improvement in MH Symptom Severity

Description of Trend: Overall improvement in symptom severity has declined to 55.6%.

Numerator: # of persons with lesser symptom severity at follow up;
March numerator: 551

Denominator: # of discharged persons receiving mental health treatment who report significant symptom severity at admission;
March denominator: 973



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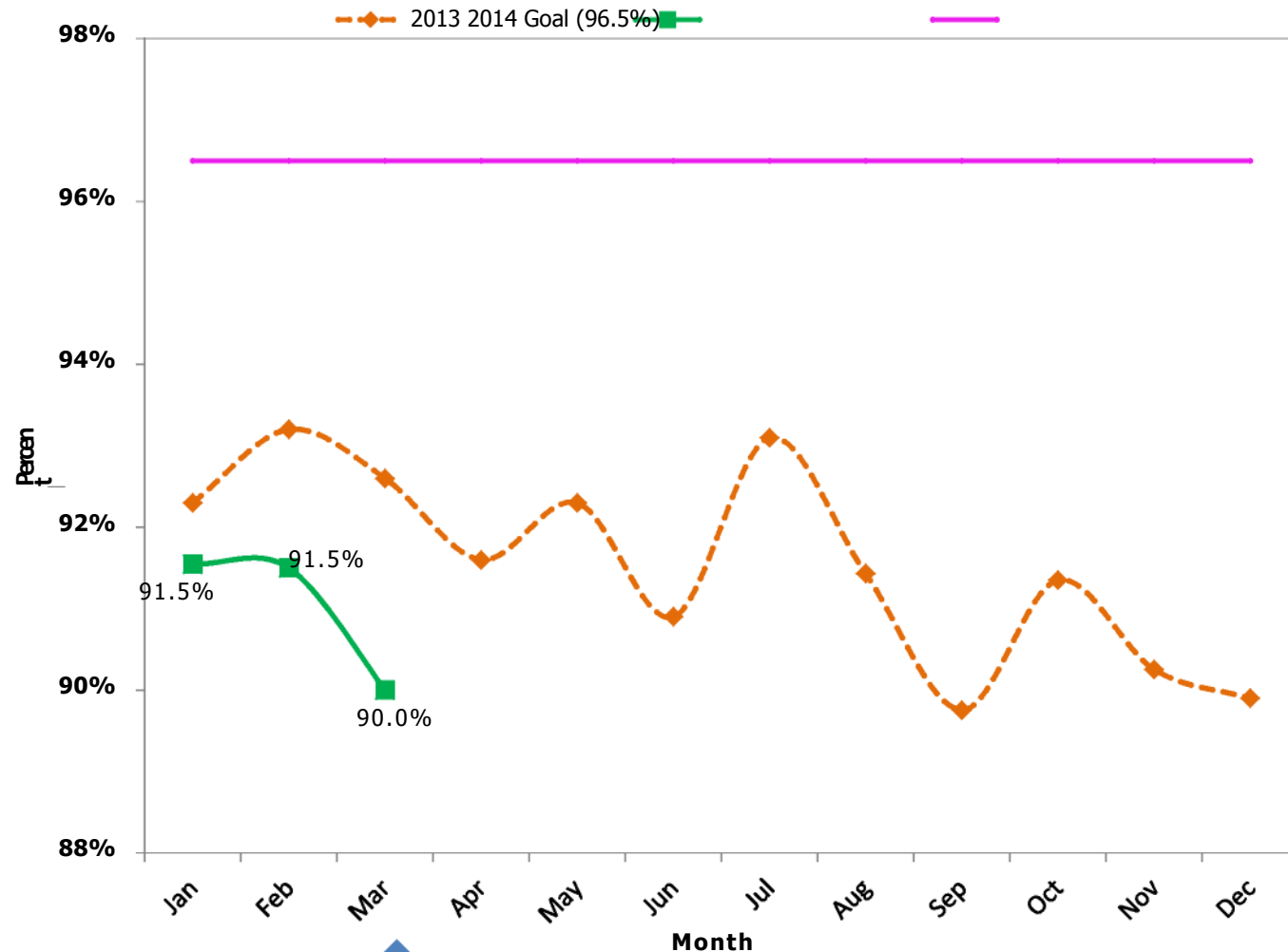


Maintained or Improved Housing Statewide – Mental Health

Description of Trend: Housing rates declined to 90% in March.

Numerator: # of persons who maintained or improved their housing situation;
March numerator: 1094

Denominator: # of persons receiving mental health services at Time 1;
March denominator: 1216



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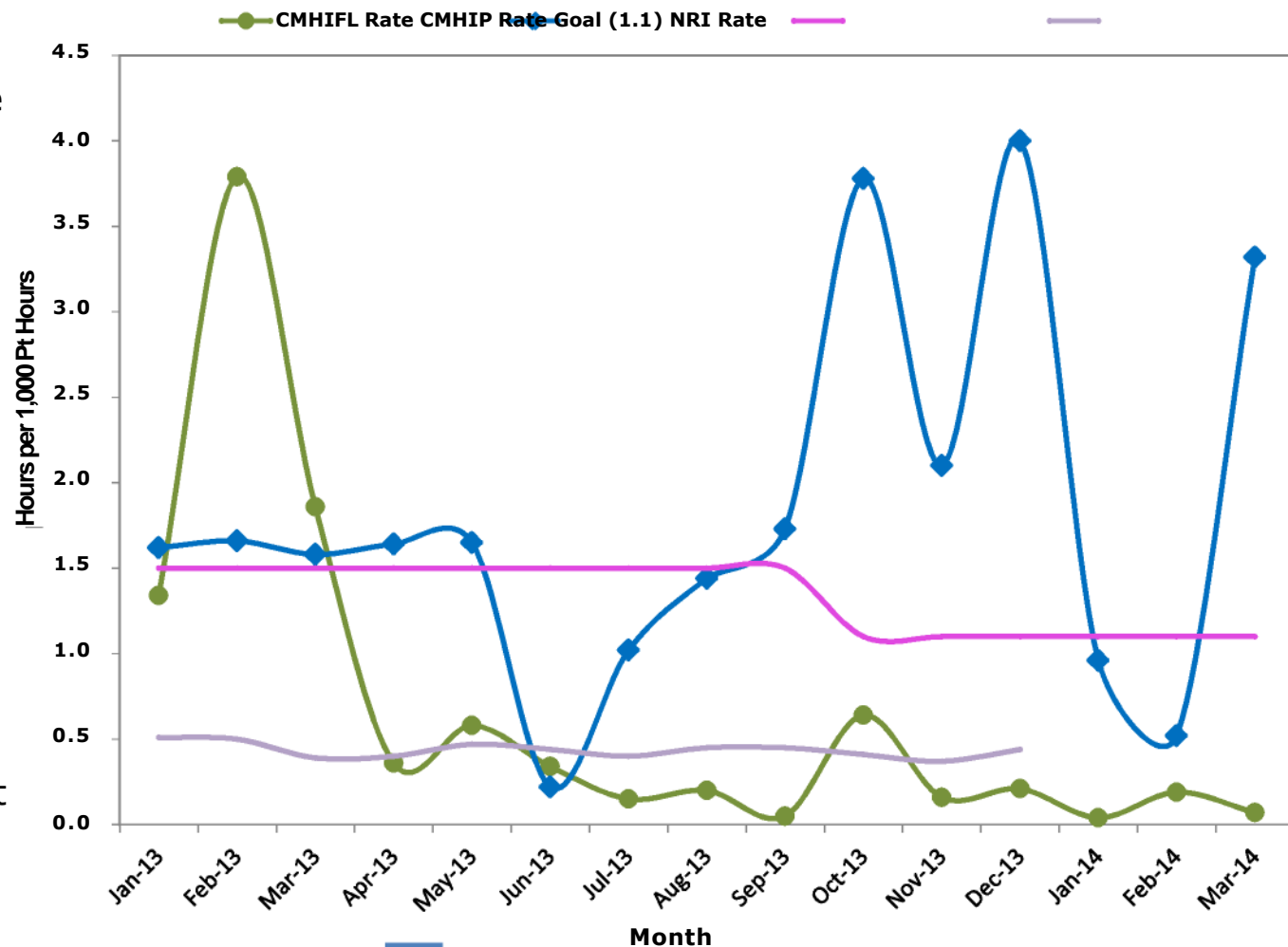
Seclusion Use - CMHIFL & CMHIP

Description of Trend: Rates at CMHIFL have remained below the goal for twelve consecutive months, while CMHIP's rates increased after a two-month downward trajectory.

Most recent rate
– CMHIFL: 0.07
CMHIP: 3.32

Numerator: # of hours of seclusion.
CMHIFL: 4.57
CMHIP: 1019.80

Denominator: Per 1,000 patient hours.
CMHIFL: 67.58
CMHIP: 307.08



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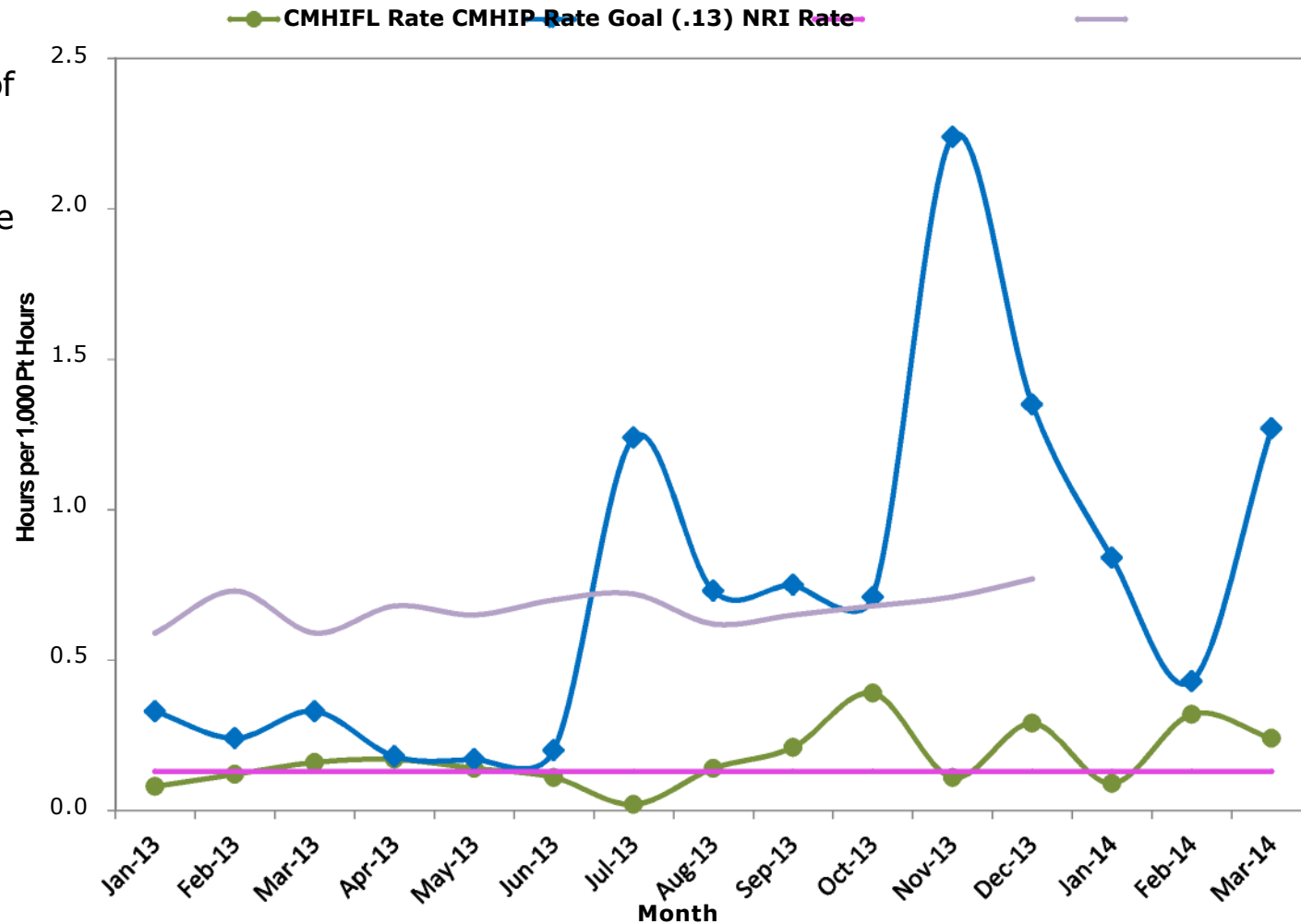
Restraint Use - CMHIFL & CMHIP

Description of Trend: After three consecutive months of reduced restraint use, CMHIP's rates increased. CMHIFL saw a decline in use over the past month.

Most recent rate:
CMHIFL: 0.24
CMHIP: 1.27

Numerator: # of hours of restraint.
CMHIFL: 16.07
CMHIP: 391.48

Denominator: Per 1,000 patient hours.
CMHIFL: 67.58
CMHIP: 307.48



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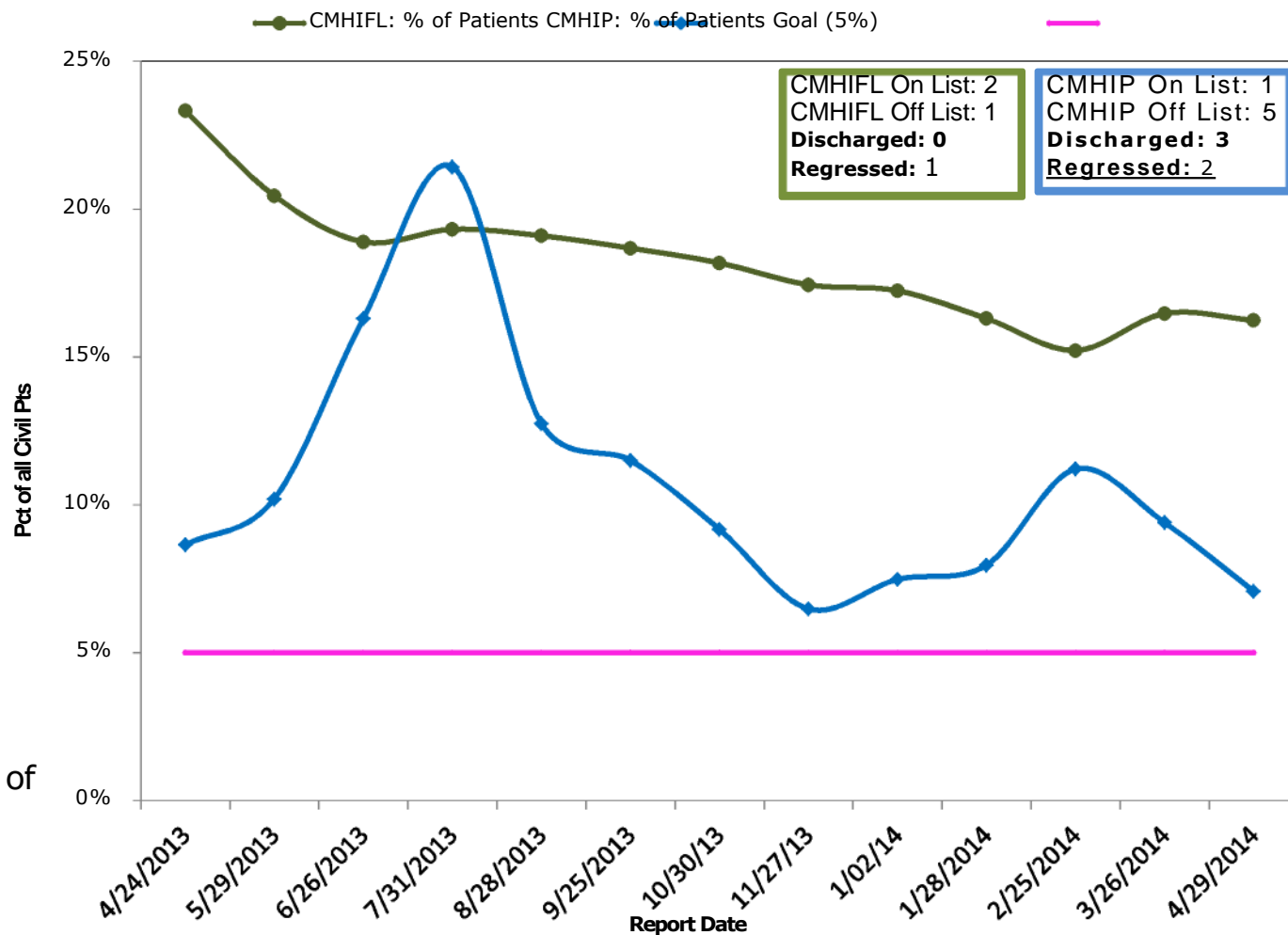
Percent of Current Civil Patients Ready for Discharge except for Barriers – CMHIFL & CMHIP

Description of Trend: CMHIP's rates show a decline for the second month while CMHIFL's rates declined over the past month.

Most recent rate:
CMHIFL: 16.24%
CMHIP: 7.08%

Numerator: Civil patients medically ready for discharge but have barriers.
CMHIFL: 15
CMHIP: 8

Denominator: Current number of Civil patients.
CMHIFL: 87
CMHIP: 113



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Percent of Civil Readmissions within 30 Days – CMHIFL & CMHIP

Description of Trend: Both Institutes saw an increase in 30-day civil readmissions this past month.

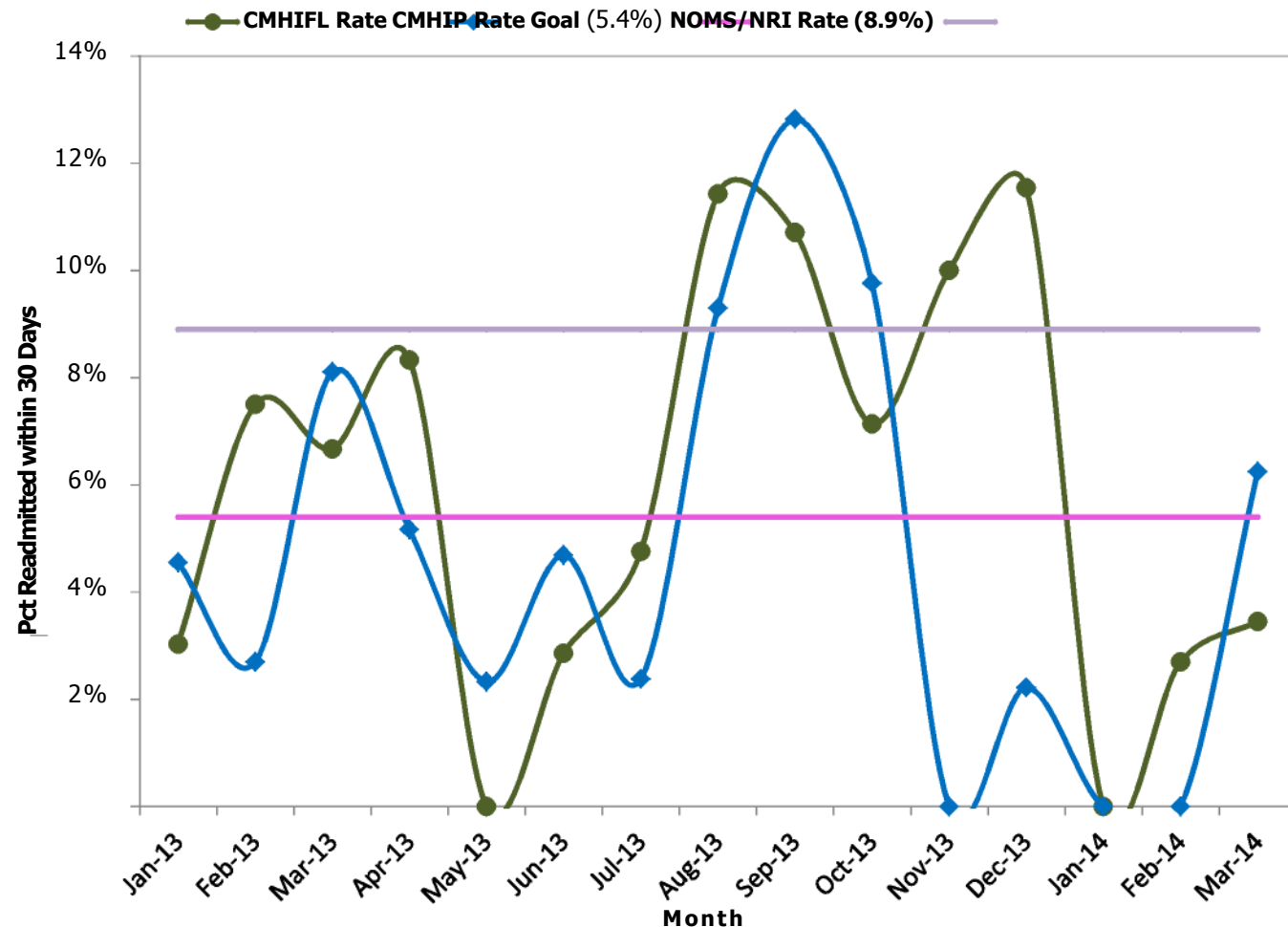
Numerator: # of Civil patients readmitted within 30 days of February discharge.

CMHIFL: 1
CMHIP: 3

Denominator: # of Civil patients discharged in February.

CMHIFL: 29

CMHIP: 48 0%



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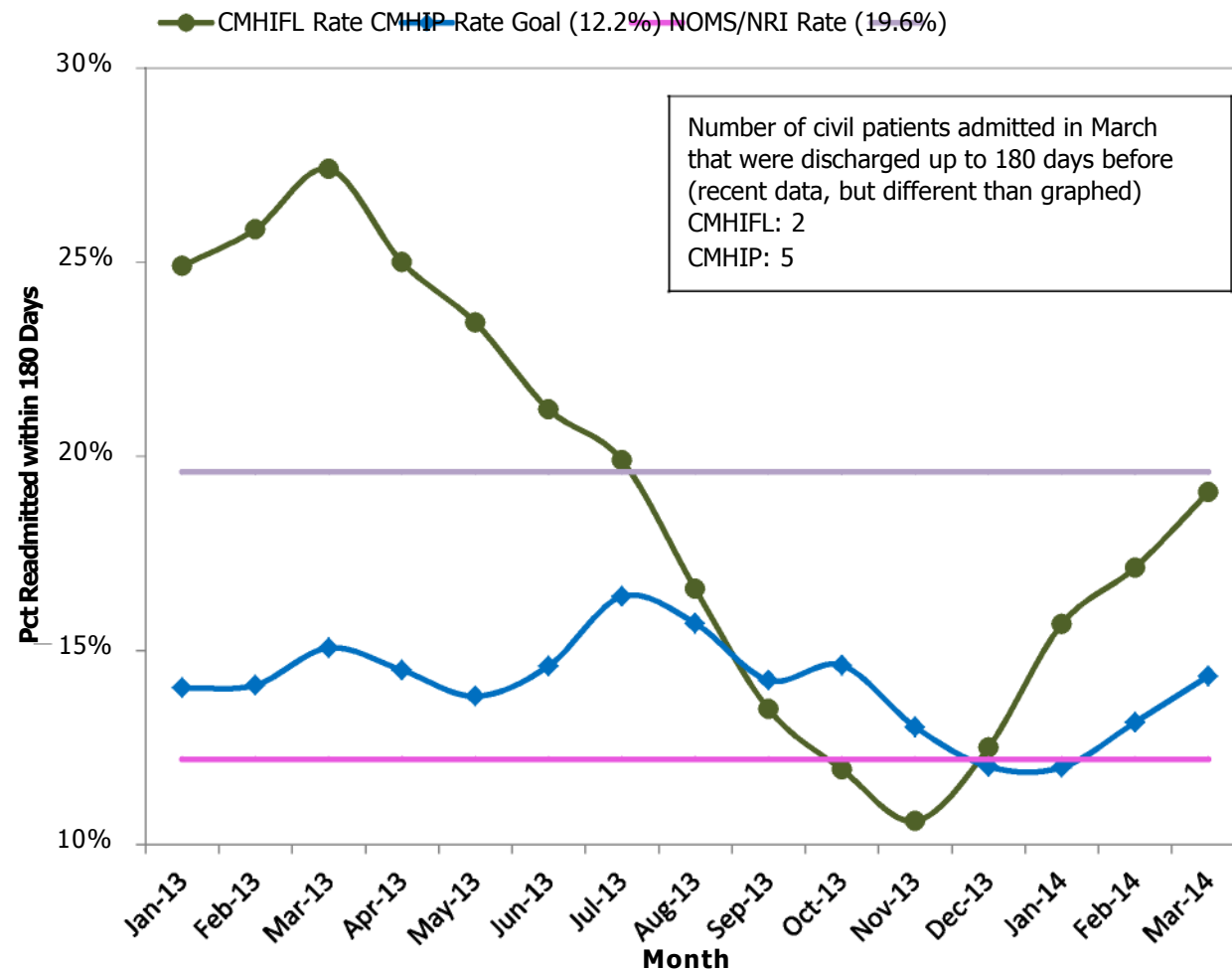
Percent of Civil Readmissions within 180 Days – CMHIFL & CMHIP

Description of Trend: Rates at both Institutes increased in March, staying above the established C-Stat goal rate but below the NOMS/NRI rate.

Current rate:
CMHIFL: 19.08%
CMHIP: 14.34%

Numerator: U of Civil patients readmitted within 180 days of discharge, based on discharges between 4/1/13 – 9/30/13.
CMHIFL: 33
CMHIP: 39

Denominator: U of Civil patients discharged 4/1/13 – 9/30/13. CMHIFL: 173
CMHIP: 272



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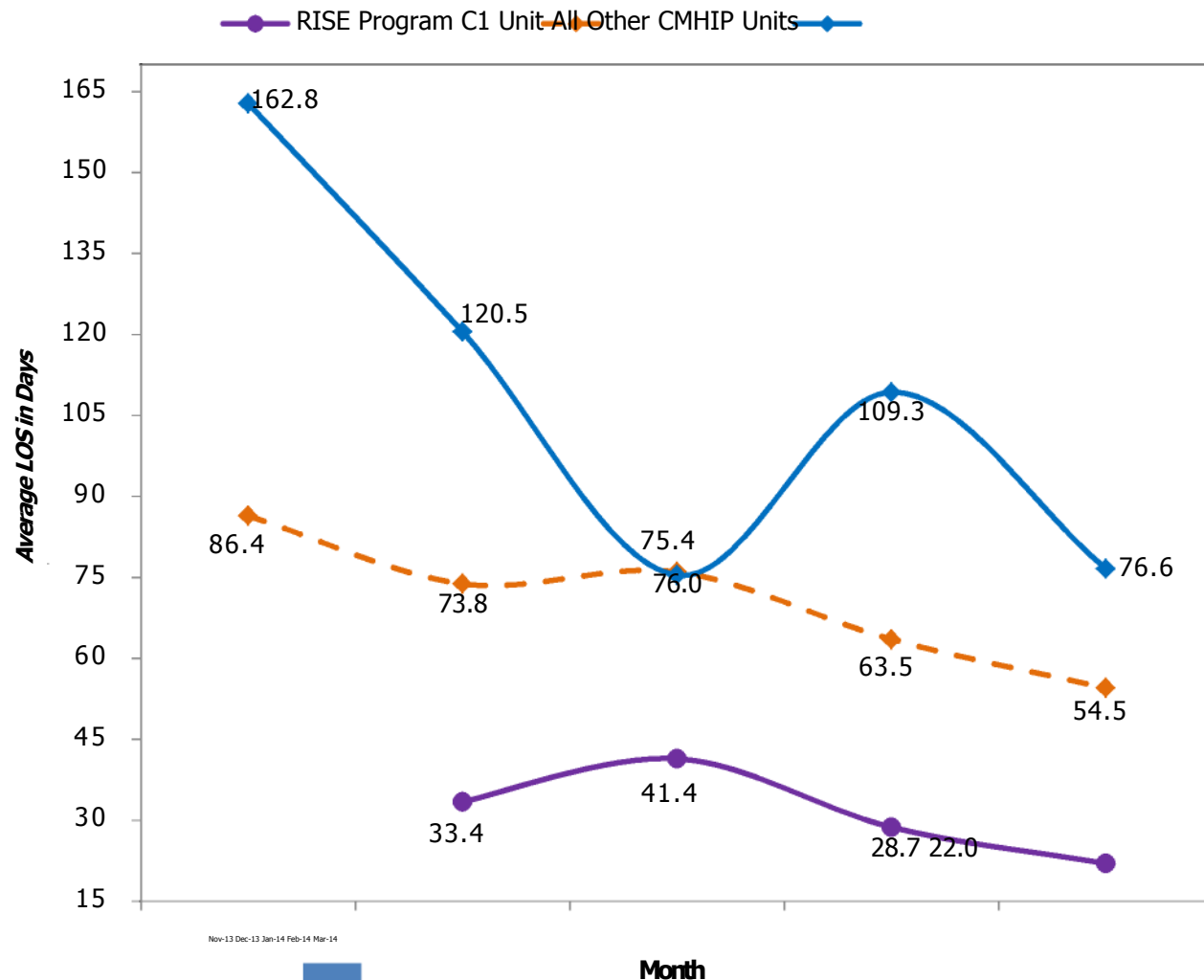
Average Length of Stay (LOS)– RISE & CMHIP

Description of Trend: RISE saw average lengths of stay decline by 6.7 days over the past month, while C1 saw a decline of 9 days.

March 2014 rates (in days):
 RISE: 22.0
 C1 unit at CMHIP: 54.5
 All other CMHIP units: 76.6

Numerator: The number of days it takes to restore a patient's competency.

Denominator: # of restored patients.



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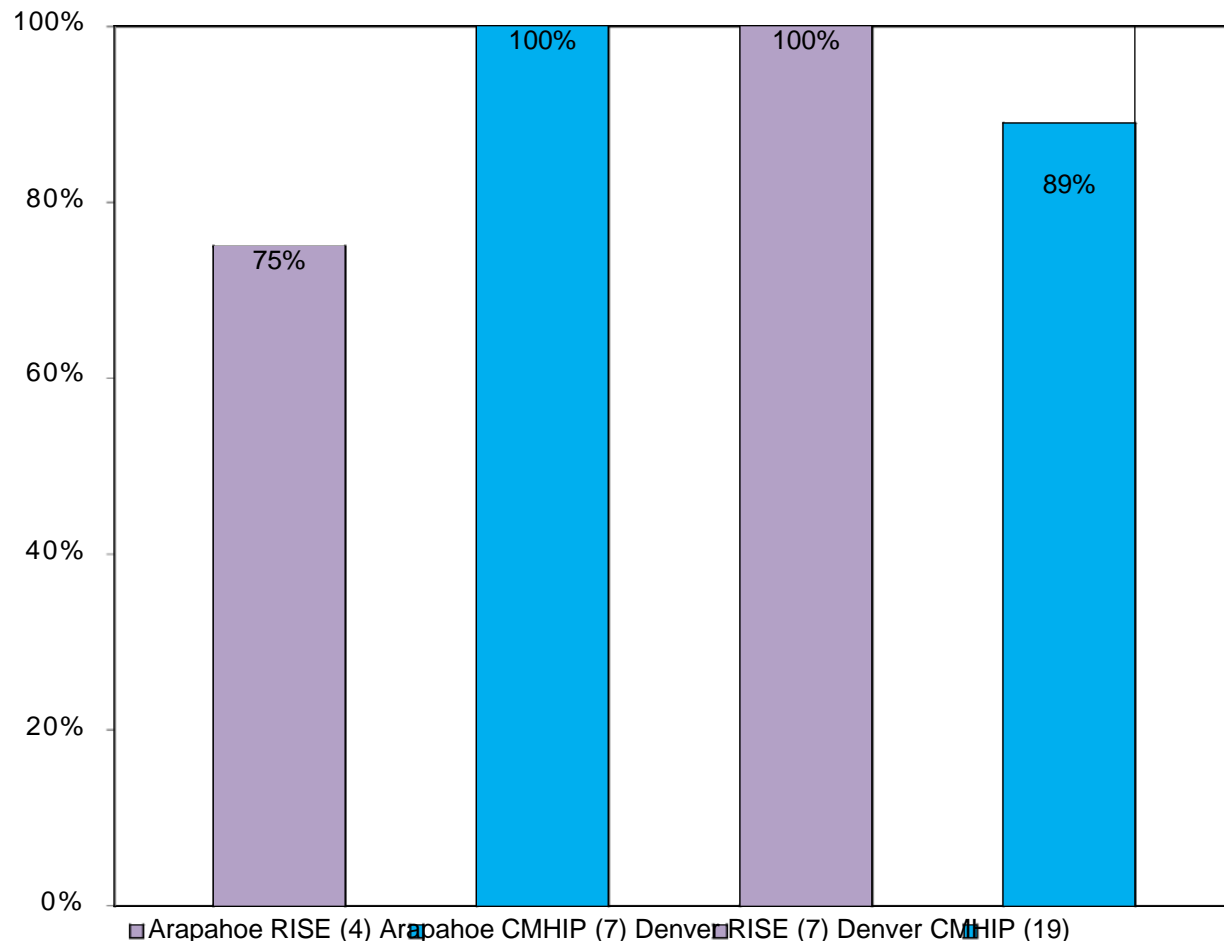


Court Agreement with Restoration Opinions - RISE & CMHIP

Description of Trend: Since November, Arapahoe County Courts have asked for second opinions in 25% of outpatient competency evaluations, while Denver County Courts have asked for second opinions in 11% of outpatient evaluations.

Numerator: The number of patients from Arapahoe and Denver counties who were opined restored by RISE or CMHIP evaluators and also not ordered by the Courts to have a second opinion.

Denominator: The total number of patients from Arapahoe and Denver counties who were opined restored by the RISE program or by CMHIP evaluators.



November 2013 through April 29, 2014



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